

GENOA POLICE DEPARTMENT

102 E. Sixth Street
Genoa, Ohio 43430

APPLICATION FOR SOLICITATION PERMIT

APPLICANT(S) MUST PRODUCE A VALID PICTURE ID

NAME _____ DATE _____

ADDRESS _____

PREVIOUS ADDRESS (IF LESS THAN ONE YEAR) _____

SSN _____ DOB _____

HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

VEHICLE MAKE _____ MODEL _____ COLOR _____ YEAR _____

PRODUCT/SERVICE SOLICITING _____

COMPANY NAME _____

COMPANY ADDRESS _____

COMPANY TELEPHONE NUMBER _____

HOW LONG WITH COMPANY _____

PREVIOUS EMPLOYER (IF LESS THAN ONE YEAR) _____

FEEES

\$5.00 PER DAY \$10.00 PER WEEK \$25.00 PER MONTH \$50.00 PER YEAR

UPON APPROVAL, APPLICATION WILL BE ISSUED WITHIN 48 HOURS OF REQUEST

APPLICATION APPROVED

APPLICATION DISAPPROVED

MAYOR

DATE

CHIEF OF POLICE

DATE